

**Minutes from the Policy Committee Meeting  
2005 White House Conference on Aging**

**Wednesday, December 1, 2004**

**American Association of Homes and Services for the Aging  
2519 Connecticut Avenue, NW, Conference Room  
Washington, DC**

**Participants:**

Policy Committee Members:

Dorcas R. Hardy, Chairman  
Alejandro Aparicio, M.D.  
Robert Blancato  
Clayton Fong  
Gail Hunt  
Barbara Kennelly  
Melvin Woods

Policy Committee Member Representatives:

Thomas Edes, M.D., for Secretary Principi  
Justine Handelman for Scott Serota  
Kim Hildred for Congressman Clay Shaw  
Scott Nystrom for Senator Larry Craig  
Jason Unger for Senator Harry Reid  
Edwin Walker, Deputy Assistant Secretary for Aging, Department of Health and Human Services (HHS), for Secretary Thompson

Others:

Nora Andrews, Senior Executive Officer, Policy Committee  
Angela Arnett, Director, Economic Security Subcommittee  
Remy Aronoff, Director, Social Support Subcommittee  
Mark B. McClellan, M.D., Ph.D., Administrator, Centers for Medicare & Medicaid Services (CMS)

Chairman Hardy called the meeting to order at 9:10 a.m. and welcomed the Policy Committee members, who introduced themselves. She expressed regrets from Josefina G. Carbonell, Assistant Secretary for Aging, HHS, who was unable to attend due to illness. Approximately 50 members of the public attended.

Chairman Hardy briefly reviewed the agenda: update of the annotated agenda; feedback from listening sessions; delegate selection and how the process will work, a 20-minute presentation by Dr. Mark McClellan, Administrator of the Centers for Medicare & Medicaid Services, regarding the future of Medicare and the impact of the Medicare Modernization Act; 2005 Conference theme and event; and sponsorships. The Chairman indicated that the agenda item concerning the 2005 WHCoA format and technology presentation by Derek LaVallee was postponed until the February 2005 meeting. In addition, Chairman Hardy indicated she would seek advice concerning the propriety of cash and other contributions that people have offered.

### **Annotated Agenda Update**

The Chairman indicated that comments received on the October 1, 2004 Annotated Agenda and the listening sessions have been posted on the White House Conference on Aging (WHCoA) Web site (Note: ([<http://www.whcoa.gov>] from the October 1, 2004 minutes.), and will continue to be posted as they are received. In addition, Assistant Secretary Carbonell has provided additional comments. Policy Committee members are invited to continue to offer recommendations regarding refinement of the Annotated Agenda.

### **Listening Sessions/Presentations Feedback**

Several Policy Committee members or their representatives and WHCoA staff provided feedback on listening sessions they had attended since the October 2004 meeting:

- Dr. Aparicio reported that sessions he attended were useful and provided many ideas regarding issues for the 2005 WHCoA. These issues include (1) the shortage of health care professionals in all areas, especially nursing facilities; (2) a list of health disparities and their affect on minorities and the ability of minorities to understand instruction given by professionals; (3) long term care and the need for a comprehensive policy as baby boomers age; (4) mental health and its treatment by society and insurance companies; for example, stress caused by taking care of patients with Alzheimers disease; (5) the degree of medicines and supplements thrust upon the elderly that have no effect; therefore, the need to learn to age in a healthy way; (6) financial impact of an elderly population on a State's resources; for example, a study showed that \$2.4 billion was spent in Florida on seniors above and beyond providing services; advice is needed on how to deal with the large increase of baby boomers; and (7) improving communication so services are not fragmented, and establishing a structure for the elderly to navigate numerous programs, recognizing that one size does not fit all.
- Mr. Blancato reported that testimonies were good, and it was a good time to hold another conference because of the interest in issues to be addressed at the 2005 WHCoA. The recurring issues include (1) long term care , especially the proper role of various components of providers of long term care;

(2) transportation, including coordination; (3) rubric of prevention, wellness, and nutrition; 4) importance of older workers; (5) civic engagement and volunteering; (6) addressing disability; and (7) mental health.

- Mr. Fong reported that listening sessions he attended represented a broad, cross-section of the country, and praised Dr. Aparicio and Mr. Blancato's feedback. He reemphasized the changing face of seniors is not just about the 10 to 12 percent growth by baby boomers. Specifically, the future will see a 200 percent rise in Hispanic and Asian elders, as well as a significant increase in seniors over the age of 85. Aging baby boomers live a different lifestyle which could impact use of congregate meal sites. Issues of retirement savings, health security, long term care and insurance were raised. The marketplace is beginning to change and retool through the development of new technologies and innovations; for example, within the last 5 to 7 years, more electronic mail (e-mail) usage is increasing among seniors: companies are anticipating needs, such as developing a device to open cans more easily. In addition, the issue of transportation in suburban and rural areas must be addressed, especially when seniors lose the ability to drive, and there is no public transportation.
- Ms. Kennelly reported that the 250 seniors attending the listening sessions sponsored by the Connecticut Commission on Aging were quite enthusiastic about the 2005 WHCoA, and asked how they could become delegates. Issues of respite and home care, and transportation were discussed. Ms. Kennelly indicated the importance of getting the agenda even more defined and refined soon and passing it along.
- Mr. Woods attended all three listening sessions in Idaho: Boise, Post Falls, and Idaho Falls. Of the 60 to 80 people who attended each session, over a third gave testimonies. He indicated that they were very articulate and were on target to transmit to the Policy Committee. The issues that dominated were (1) long term care came up repeatedly; in fact, the Idaho legislature is working to pass a long term care partnership bill that is currently on its Web site; (2) expansion of care giving issues; (3) discussing money needs for transportation, as mandates are underfunded or unfunded; (4) need for health and exercise, and fitness; (5) Federal Government's lack of vision or perception of issues and what needs to be set in place for the next 5 to 10 years; (5) too much emphasis on baby boomers and not enough on current mature seniors.
- Mr. Nystrom, who also attended the Idaho sessions reported the following: (1) long term care and its financing as major issues; (2) respite care; (3) healthy aging and need to emphasize; (4) income, where costs are increasing but income remains stable and steady; (5) older workers and need to have health insurance for these workers; (6) phased-in retirement; (7) better coordination of services, and (8) financial exploitation of the elderly.

- Ms. Arnett stated that a recurring theme she heard was the ability to age in place, i.e., to remain in one's home or community as long as possible. She also stated that developing a national long term care strategy and policy were also important. As a result, two approaches are currently under development: (1) planning a mini-Conference on long term care for April 19 to 20, 2005 to focus on everything from financing to quality of care, with the objective of the Conference being to draft a national long term care policy; and (2) working with the business community to plan a June 2005 conference to bring employees and employers together to address opportunities and barriers for older workers.
- Mr. Aronoff discussed listening sessions held in Birmingham, Alabama, and Miami, Florida. Two issues that came up not stated above were (1) preparedness for emergencies and disasters and (2) counseling the elderly on mandatory arbitration with nursing homes.

Following these reports, there were continued discussions regarding development of agenda issues. Highlights of these discussions include the following:

- The 2005 WHCoA Annotated Agenda to date is comprehensive, due to the open nature of the process in the beginning; however, it is impossible to be all things to all people or to focus on issues predominately localized to a community, region, or section of the country. Therefore, rather than developing an agenda that is so comprehensive, perhaps it would be best to focus on three to four major issues.
- Issues dealing with transportation and long term care are major recurring themes.
- The Solutions Forums in early 2005 are designed to focus on the major issues.
- The written Post-Event Summary Reports should prove to be a valuable resource for agenda issues.
- Since Listening Sessions are designed to create a process where key issues are prioritized, sessions scheduled through January should assist the Policy Committee to narrow issues. Encourage special Solutions Forums in May 2005, which is Older Americans Month, to focus on specific issues.
- Encourage Federal congressional representatives to get involved in listening and answering questions on aging issues rather than only looking to Washington to solve problems.
- Focus on constituencies and geography as much as possible.

Chairman Hardy concluded the discussion by stating that it should be possible to begin to narrow the 2005 WHCoA agenda by the February Policy Committee meeting.

### **Administrative Issues**

The Chairman reported the status of the following administrative issues:

Staffing - Individuals are under consideration for the position of Executive Director. A health policy person is to come aboard soon to staff the Health Subcommittee. There is

an urgent need to dramatically increase staffing with detailees from GS-3 to GS-15 to the 2005 WHCoA offices in Bethesda, Maryland; clerical support, individuals with budget and Government contracting backgrounds, etc., are especially needed. Schedule C detailees are eligible candidates. There is great flexibility, and individuals do not need to commit for long periods; the newly renovated offices are on the Metro Red Line, and there is plenty of space. The Federal agencies represented on the Policy Committee were again strongly encouraged to provide detailees.

Gayle Cozens arrives on December 6 to become the Deputy Director of Public Outreach, and brings experience from her background in the public and private sectors.

Listening Sessions - Need to inform other members of and to commit to individual listening session invitations as a group.

Advisory Committee - Resumes are in, and twenty individuals with specific technical expertise will be selected. It is hoped that appointments by the President will be made during January. This Committee will meet with and without the Policy Committee several times, will suggest and edit materials to the conferees on issues, suggest presenters and serve as conference facilitators.

### **Delegate Selection**

Chairman Hardy opened the discussion concerning budget and facility constraints that led to establishing a ceiling of 1,200 as the number of selected delegates. The Hyatt Regency on Capitol Hill was the *only* Washington hotel available for the dates of the 2005 WHCoA, scheduled for October 23 through 26, 2005. Unfortunately, the maximum capacity of the Hyatt Ballroom where the WHCoA plenary sessions are to be held is 1,200. In addition, the Hyatt and neighboring hotels would charge \$300,000 to \$400,000 in fees to release the WHCoA from its contract. Regardless of the number of delegates, they should, as in previous Conferences, have individuals currently in the field of aging, as well as persons who can contribute to the future of aging issues and services.

For initial discussion, the Policy Committee reviewed three categories of delegates: (1) Governors select 200 delegates, minimum of 2 per State, (2) Congress, one each per each House representative and one each per Senator plus one delegate for each territory, the District of Columbia, and Puerto Rico for a total of 540, and (3) "Other," 460 total delegates, representing numerous group leadership organizations that focus on elderly issues, including national profit and non-profit, faith-based, other senior organizations, academics in the field of aging, social service and at-large organizations, professional organizations, other charitable organizations, and corporate and consumer stakeholders with aging interests. The Policy Committee and Advisory Committee members also would be included in the "Other" category number. In early January the Chairman will send a letter to Congress and the Governors inviting delegates, stating selection criteria, requested expertise, and expectations of a delegate. The National Congress of American Indians will also be invited to select 19 delegates from its member nations.

Although there were concerns expressed that the number of delegates could not be larger than 1,200, there was general agreement of the economic need to work within the budget and facility constraints and to accept the proposed delegate categories. The vote by the Policy Committee members and their representatives was unanimous on the following motion: Move to adopt 1,200 as the number of delegates selected for the 2005 WHCoA, to encourage Governors and Congress to make appointments, and to look into other avenues which could accommodate a larger number of delegates and Conference attendees, including observers and press. In addition, between now and February 2005, Mr. Fong as Chair and Mr. Blancato as Vice Chair were tasked to oversee the selection of “Other” category delegates who would represent a cross-section of views, interests and issues. An official statement will be placed on the WHCoA Web site that explains the number and allocation of delegates.

It was recommended that Web casting technology be used so that thousands of other interested persons could participate in the WHCoA. Because this technology is available to everyone around the country, states could be encouraged to organize groups of people who could participate through long-distance viewing.

### **2005 WHCoA Theme**

Mr. Woods reported a discussion of the 2005 WHCoA theme began on October 1, 2004, with 10 to 12 recommendations. After a careful review of the proposed themes and in the interest of short, snappy wording that is true to the WHCoA mandate to focus on baby boomers as well as mature seniors, the proposals were narrowed to five, then to the following recommended theme: **“The Booming Dynamics of Aging: From Awareness to Action.”** The following modification to the theme was recommended: **“The Booming Dynamics of Aging: Taking Action for Generations Now and Beyond.”** After discussion regarding the length of the modified theme and the compelling argument to capture the essence of the 2005 WHCoA mandate, a motion was made that the theme for the 2005 WHCoA be **“The Booming Dynamics of Aging: From Awareness to Action.”** The vote was unanimous.

### **Sponsorships**

Following up on previous Policy Committee discussions, Mr. Woods presented some preliminary ideas for Conference Sponsorships that could be offered to those who asked to support the Conference. Several ideas were presented:

- Platinum – \$250,000 commitment level, entitled to full page color ad in conference brochure agenda, logo on all WHCoA promotional materials, premium placement of logo on all promotional materials, power breakfast with Policy Committee members, reserved tables at lunch, opportunity to introduce two sessions, present at the hospitality suite, four complimentary registrations, and table top exhibit.

- Gold – \$15,000 commitment level, later corrected to \$150,000, entitled to half page color ad in conference brochure agenda, logo on tote bag and pocket agenda, reserved tables at lunches, two complimentary registrations, opportunity to introduce one session, and table top exhibit.
- Silver - \$7,500 commitment level, later corrected to \$75,000, entitled to half page black and white ad, logo on the pocket agenda, one complimentary registration, and table top exhibit.

In addition, Mr. Woods stated that other opportunities were discussed, such as a lunch sponsor for \$25,000 or a dinner sponsor for \$30,000. The dollar amounts are in draft and need to be refined by the February meeting. Additional groups of sponsorships should also be considered. Further conversation with Mr. Woods, staff, and the Conference logistics contractor, SDI (Susan Davis International) will be held prior to February.

There was a recommendation to think about treatment of “in-kind” sponsorships, and the best way to acknowledge the different levels of monetary commitments.

#### **Presentation by Mark McClellan, M.D., Ph.D., “The Future of Medicare”**

The Chairman welcomed and provided a brief background of Dr. McClellan’s illustrious background and career. Since he has been Administrator, CMS, for 8 months, he and his staff have achieved great accomplishments, most notably with passage of the Medicare Modernization Act (MMA).

Dr. McClellan began his remarks on “The Future of Medicare” by stating that the next couple of years would be significant with regard to reforms in the Medicare and Medicaid programs. On the one hand, there are better opportunities to provide innovative health care and support for individuals to live longer and better in their communities. However, on the other hand, there are concerns regarding affordability of these programs, especially Medicare. This 2-year period will be very important in bringing these programs up-to-date to keep pace with advances in modern health and long term care.

With regard to MMA, Dr. McClellan stated that the new law provides the opportunity to close the gap between what treatment patients are given and what treatment Medicare covers. He is particularly excited about changes MMA provides in first line preventive care under Medicare, especially for patients with cardiovascular disease and diabetes, and patients new to Medicare. Prior to MMA, Medicare was not designed to address coordination of patient care so as to avoid more costly treatments associated with avoidable complications. According to Dr. McClellan, Medicare will line up incentives in the right way, *i.e.*, entities providing services are going to get paid, not by the number of services provided, but when, and only when, there is improvement in clinical outcomes to the satisfaction of the physician and the patient, resulting in lower total cost to Medicare.

The ultimate goal is for individuals to think of Medicare in terms of prevention and to personalize health care programs in the most affordable manner possible. The Medicare Advantage Plan will be a large part of this effort, as well as the Medicare Education Effort. Similar efforts will be made regarding the Drug Card Program. Beneficiaries are doing comparison shopping for drugs, and with the Drug Card, it is hoped that beneficiaries will begin to select more generic drugs. Finally, CMS has seen improvements by expanding its work in nursing home measures, especially with regard to a decrease in the use of restraints and the movement of patients who must live with chronic pain.

Dr. McClellan briefly discussed changes in the Medicaid programs. There are a lot of opportunities for seniors with disabilities and cognitive impairment, especially assisting seniors to move from nursing homes and institutions back to the community.

Following these remarks, Dr. McClellan took questions from the Policy Committee. Many of the questions provided a greater opportunity for Dr. McClellan to expand on his remarks about innovations and flexibility in the Medicare program brought about by MMA. Chairman Hardy stated that long term care and long term care insurance are major proposed WHCoA agenda items, and they hope to have participation by the CMS in a planned mini-conference. In addition, comments made by several Policy Committee members reflected that the WHCoA agenda should raise awareness to highlight the knowledge gap that currently exists among beneficiaries. Seniors must experience changes in mind-sets to think of Medicare in terms of prevention.

### **2005 WHCoA Event Format**

Chairman Hardy flagged several issues regarding the conference format that need vetting and discussion prior to the February 2005 meeting:

- The question of possible registration costs needs to be discussed prior to the Policy Committee taking a vote.
- Ideas on ways to assist in delegate travel arrangements without the WHCoA staff serving as a travel agency; the idea of flat (by region) delegate travel subsidies should be explored.
- Assess having an event on the South Lawn of the White House to focus on healthy, independent living, utilizing mature seniors and baby boomers, such as athletes (Arnold Palmer and Arnold Swartznagger, etc.).
- The budget numbers, when available, will be discussed by conference call.
- Policy Committee members need to indicate availability to attend scheduled listening sessions that are posted on the Web site.

There were some comments and discussion made on each of the above issues.

Chairman Hardy concluded the meeting by indicating the Policy Committee had a lot of work to do. The Chairman thanked everyone for attending. In addition, the Chairman thanked the American Association of Homes and Services for the Aging for their hospitality and for allowing the Policy Committee to hold its meeting in its Conference Room. The meeting adjourned at 1:53 p.m.

/s/  
Dorcas R. Hardy  
Chairman